

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000888

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

TE B AMENDED

Registration District No. 86

Primary Registration District No. 4152

Registrar's No. 2-1962

FILED FEB 13 1962

## 1. PLACE OF DEATH

a. COUNTY

Crawford

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Leesburg

Length of stay in 1b

60 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION At HomeInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Crawford

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN Leesburgd. STREET  
ADDRESS

(If outside, give location)

None

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

John

William

Bryan

4. DATE  
OF DEATH

Month

Day

Year

Feb.

5

1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Jan 15 1902

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

30

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

## 10b. KIND OF BUSINESS OR INDUSTRY

Retired

## 11. BIRTHPLACE (City and state or country)

scotia mo

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

George H. Bryan

## 13b. MOTHER'S MAIDEN NAME

Anna Detweiler

14. NAME OF ~~husband~~ OR WIFE

Laura Edna Hazlett

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

N/A

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Mrs Edna Bryan - Leesburg, Mo.

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Acute Myocardial Infarction  
Heart Failure

## INTERVAL BETWEEN ONSET AND DEATH

seconds

seconds

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

to

(DOA)

and last saw her dead

on 5 Feb 62

Death occurred at 3:45 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Deceased or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Norman C. Hoerner Cuba, Mo

FEB 6 1962

B. C. Davis, Deputy

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1962

FEB 15 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Hermon A. Thayer*

Licensed Embalmer No. 4673

P. O. Address Cuba; Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.